

10/573962

IAP20 Rec'd PCT/PTO 29 MAR 2006

**Application Data Sheet**

**APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable From (CRF)?: Yes

Number of Copies of CRF::

Title:: IMMUNOGLOBULINS WITH POTENT AND BROAD  
ANTIVIRAL ACTIVITY

Attorney Docket Number:: 251149

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?: No

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dimiter  
Middle Name:: S.  
Family Name:: DIMITROV  
Name Suffix::  
City of Residence:: Frederick  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 1741 Northridge Ln.  
City of mailing address:: Frederick  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21702

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: China  
Status:: Full Capacity  
Given Name:: Mei-Yun  
Middle Name::  
Family Name:: ZHANG  
Name Suffix::  
City of Residence:: Frederick  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 2600 Carrington Way  
City of mailing address:: Frederick  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21702

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 45733  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

## **REPRESENTATIVE INFORMATION**

Representative Customer Number 1:: 45733  
Representative Designation:: Registration Number:: Representative Name::

## **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US04/31878	09/29/04
PCT/US04/31878	An application	60/506,946	09/29/03
	claiming the benefit		
	under 35 USC		
	119(e) of.		

## **FOREIGN APPLICATION INFORMATION**

Country::                      Application Number::    Filing Date::                      Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name::                      GOVERNMENT OF THE UNITED STATES OF AMERICA,  
REPRESENTED BY THE SECRETARY, DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

Street of mailing address:: Office of Technology Transfer  
6011 Executive Boulevard  
Suite 325

City of mailing address::    Rockville

State or Province of  
mailing address::                      MD

Country of mailing  
address::                      US

Postal or Zip Code of  
mailing address::                      20852